

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/963,777
		Filing Date	September 26, 2001
		First Named Inventor	KIEVAL, ROBERT S.
		Art Unit	3762
		Examiner Name	Orpeza, Frances P.
Total Number of Pages in This Submission	12	Attorney Docket Number	021433-000120US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Return Postcard
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Scott M. Smith, M.D. Reg. No. 48,268	
Signature		
Date	March 19, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jodie M. Rivas		
Signature		Date	March 19, 2004

FEE TRANSMITTAL

for FY 2004 MAR 22 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

55

Complete if Known

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Art Unit	3762
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MAR 25 2004
TECHNOLOGY CENTER R3700

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity

Small Entity

Fee from below

Fee Paid

Total Claims	<input type="text"/>	-** =	<input type="text"/> X <input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	-** =	<input type="text"/> X <input type="text"/>	=	<input type="text"/>
Multiple Dependent		X	<input type="text"/>	=	<input type="text"/>

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130		1053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	55
	1252	420		2252	210	Extension for reply within second month	
	1253	950		2253	475	Extension for reply within third month	
	1254	1,480		2254	740	Extension for reply within fourth month	
	1255	2,010		2255	1,005	Extension for reply within fifth month	
	1401	330		2401	165	Notice of Appeal	
	1402	330		2402	165	Filing a brief in support of an appeal	
	1403	290		2403	145	Request for oral hearing	
	1451	1,510		1451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive – unavoidable	
	1453	1,330		2453	665	Petition to revive – unintentional	
	1501	1,330		2501	665	Utility issue fee (or reissue)	
	1502	480		2502	240	Design issue fee	
	1503	640		2503	320	Plant issue fee	
	1460	130		1460	130	Petitions to the Commissioner	
	1807	50		1807	50	Petitions related to provisional applications	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	770		2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	770		2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770		2801	385	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

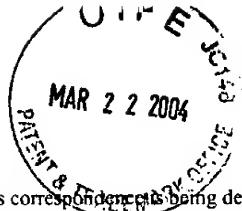
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$55)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Scott M. Smith, M.D.	Registration No. (Attorney/Agent)	48,268	Telephone	650-326-2400
Signature				Date	March 19, 2004

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On 3.19.04

TOWNSEND and TOWNSEND and CREW LLP

By: John S. D.

PATENT

Attorney Docket No.: 021433-000120US
Client Ref. No.: 1151.1106101

Customer No. 20350

RECEIVED
MAR 25 2004
TECHNOLOGY CENTER R3700

0IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ROBERT S. KIEVEL et al.

Application No.: 09/963,777

Filed: September 26, 2001

For: ELECTRODE DESIGNS AND METHODS
OF USE FOR CARDIOVASCULAR
REFLEX CONTROL DEVICES

Confirmation No. 1758

Examiner: Orpeza, Frances P.

T.C./Art Unit: 3762

**RESPONSE TO RESTRICTION
REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement of February 13, 2004, Applicants elect to prosecute the third species (Figures 22E and 22F) and sixth species (Figure 25). Applicants further elect to prosecute claims 1-9, 11-21, 23-32 and 35-47, all of which are drawn to methods or apparatus which may be described by Figures 22E, 22F and/or 25. Applicants elect to prosecute these claims without traverse, and hereby withdraw claims 10, 22, 33 and 34.

A copy of all pending claims starts in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.